

CITY OF LONGMONT – COLORADO

**LONGMONT POLICE DEPARTMENT AND BOULDER COUNTY SHERIFF'S OFFICE
FIRING RANGE PARTICIPATION FORM**

ADULT 18 YEARS OF AGE AND OLDER

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency Information: _____

Allergies: _____

Special medical conditions/medications: _____

Health Insurance Co. _____ Phone: _____

EMERGENCY MEDICAL AUTHORIZATION:

In the event of injury or illness, I give permission to the city of Longmont and its employees and volunteers to obtain emergency medical treatment for me. I agree to pay all reasonable expenses for medical and related treatment obtained and further agree that the City of Longmont is not liable for payment of such expenses.

The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider below is not available.

Physician or other Health Care Provider _____

Address: _____ Phone: _____

Signature: _____ Dated: _____

Printed name of party signing _____

**ADULT RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR
PARTICIPATION IN THE LONGMONT FIRING RANGE**

I understand that there are certain risks involved with participating in the City of Longmont Firing Range. I hereby **RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES**, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to me as a result of participating in the city's activities. This **RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT** does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

Signed: _____

Date: _____

Printed name of party signing: _____